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SOUTH KESTEVEN
RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1966

SOUTH KESTEVEN RURAL DISTRICT COUNCIL

*With the Compliments of
the Medical Officer of Health*

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Bourne, Lincs.



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SOUTH KESTEVEN RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT

1966

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—
Vice-Chairman

Councillor H. Scarborough

—
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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

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Tel. No. Bourne 2436.

Chief Public Health Inspector
and Building Surveyor

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Senior Additional Public
Health Inspector

William J. Watson,
M.A.P.H.I., A.R.S.H.,
(Resigned 30.6.66)
John G. Bower,
M.A.P.H.I., C.R.S.H.,
(Appointed 18.7.66)

Additional Public Health
Inspector

Brian W. Hyde,
M.A.P.H.I., C.R.S.H.,

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Charles H. Busby.

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J.J.C. Goulder, M.B.E.

SOUTH KESTEVEN RURAL DISTRICT COUNCIL

Annual Report of the Medical Officer of Health
for the Year 1966.

To the Chairman and Members
of the South Kesteven Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my twelfth Annual Report which is that for the year 1966.

SECTION A. STATISTICS AND SOCIAL CONDITIONS

Area in Acres	95,061
Population (Registrar General's Figures 1966) ..	15,860
Number of inhabited houses..	5,310
Rateable Value...	£340,277
Sum represented by a 1d. rate (Estimated)	£1,343. 4s. 10d.

Vital Statistics for the year 1966.

Note: Birth and Death Rates

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this report as "Net" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the Rates for the Country as a whole.

These factors for Births and Deaths in respect of South Kesteven are 1.03 and 1.04 in each case. The corresponding figures when multiplied by the Crude Rate (that is for Births or Deaths as the case may be) will give the Net Rate.

						M	F	<u>TOTAL</u>
Still Births	..	..	..	..	..	3	1	4
Legitimate	..	..	..	..	..	3	1	4
Illegitimate	..	..	..	..	..	-	-	-
Still Birth Rate per 1,000 Live and Still Births						-	12.35	
Rate for England and Wales						-	15.4	

Total Live and Still Births 324

	M	F	TOTAL
Deaths..	94	75	169
Crude Death Rate per 1,000 of estimated population	-	10.6	
Net Death Rate per 1,000 of estimated population	-	11.0	
Rate for England and Wales	-	11.7	

Infantile Mortality - Deaths of Infants under one year

	M	F	<u>TOTAL</u>
Number of Deaths	4	2	6
Legitimate	3	2	5
Illegitimate	1	-	1
Infantile Mortality Rate per 1,000 Live Births	-	18.75	
Rate for England and Wales	-	19.0	

The Number of deaths of infants under one year of age was

6 in 1964 and 9 in 1965

Infantile Mortality Rate per 1,000 Legitimate Live Births 16.66
Infantile Mortality Rate per 1,000 Illegitimate Live Births 50.0

Neo-Natal Mortality i.e. Deaths of infants under
four weeks of age - 2 males
2 females
(all legitimate)

Neo-Natal Mortality Rate per 1,000 Live Births	-	12.5
Neo-Natal Mortality Rate for England and Wales	-	12.9
Early Neo-Natal Mortality Rate per 1,000 Live Births	-	3.13
Early Neo-Natal Mortality Rate per 1,000 Live Births in England and Wales	-	11.1
Early Neo-Natal Deaths i.e. Deaths of infants under one week of age	-	1 female (legitimate)

Peri-Natal Mortality Rate (i.e. Still Births and Deaths under one week combined) per 1,000 Total Live and Still Births	-	30.9
Rate for England and Wales	-	26.3

There was one Maternal Death i.e. death due to Pregnancy, Childbirth or Abortion, and this was in a 35 year old who had a fatal Pulmonary embolus after a Caesarean operation.

Maternal Mortality Rate per 1,000 Live and Still Births	3.09
Maternal Mortality Rate for England and Wales	0.25

The Live Birth Rate at 20.71 was three per thousand higher than the National figure of 17.7. The Still Birth Rate at 12.35 was also three per thousand better than the 15.4 figure for England and Wales as a whole.

The Death Rate for the Rural District and the Country as a whole were virtually the same.

The Infantile Mortality Rate also was practically the same for the Country and this Rural District at 19 per thousand live births. This was the first year for eleven in succession in which there was no fall in the National Rate.

The neo-natal and early neo-natal death rates were both down on the previous year's figures.

It must be borne in mind in interpreting these figures that with the small population under analysis, a change of only one in the number of births and deaths can make a big difference in the Rate per thousand. So much is this true that I query the value at all of these statistical returns for populations under 50,000 on an annual basis; and for smaller populations a triennial review would give a much better picture of the overall trends.

Causes of Infantile Deaths

<u>Under One Week</u>	<u>Age</u>	<u>M</u>	<u>F</u>
Atelectasis Right Lung	1 day	-	1
<u>Under One Month</u>			
Cardiac Failure	1 week	-	1
Congenital Heart Disease			
Hydrocephalus	1 week	1	-
Multiple Congenital Abnormalities			
Congenital cardiac failure	1 week	1	-
<u>Under One Year</u>			
Convulsion			
Intracranial Haemorrhage			
Intracranial damage			
Birth Injury (in hospital)	3 months	1	-
Broncho Pneumonia	4 months	1	-
TOTALS		4	2

The number of illegitimate births were up by five on the previous year to twenty.

The Natural increase (excess of live births over deaths) was 151 compared with 126 in 1965. This is indicative of the growth which is going on in the Rural District.

It is interesting that as is shown by the Comparability Factors that our population is virtually a cross section of the Country as a whole. Out of the 169 deaths 76, that is 45%, were aged 75 years or over which is a clear demonstration of the longevity of the times. It is also an insistent call for efficient Social and Medical Services to meet the needs of the elderly in the Community.

CAUSES OF DEATH TABLE

			<u>M</u>	<u>F</u>	<u>TOTAL</u>
1.	Tuberculosis, respiratory..	.. .. .. ..	-	-	-
2.	Tuberculosis, other	.. .. .. ..	-	-	-
3.	Syphilitic disease	.. .. .. ..	-	-	-
4.	Diphtheria	.. .. .. ..	-	-	-
5.	Whooping Cough	.. .. .. ..	-	-	-
6.	Meningococcal infections	.. .. .. ..	-	-	-
7.	Acute Poliomyelitis	.. .. .. ..	-	-	-
8.	Measles	.. .. .. ..	-	-	-
9.	Other infective and parasitic diseases	.. .. .. ..	-	-	-
10.	Malignant Neoplasm, Stomach	.. .. .. ..	5	4	9
11.	Malignant Neoplasm, Lung, Bronchus	.. .. .. ..	5	1	6
12.	Malignant Neoplasm, Breast	.. .. .. ..	-	2	2
13.	Malignant Neoplasm, Uterus	.. .. .. ..	-	2	2
14.	Other Malignant and Lymphatic Neoplasms	.. .. .. ..	10	6	16
15.	Leukaemia, Aleukaemia	.. .. .. ..	2	-	2
16.	Diabetes	.. .. .. ..	2	1	3
17.	Vascular Lesions of Nervous System	.. .. .. ..	8	6	14
18.	Coronary Disease, Angina	.. .. .. ..	16	9	25
19.	Hypertension with Heart Disease	.. .. .. ..	1	1	2
20.	Other Heart Disease	.. .. .. ..	19	19	38
21.	Other Circulatory Disease	.. .. .. ..	1	3	4
22.	Influenza	.. .. .. ..	-	-	-
23.	Pneumonia	.. .. .. ..	2	6	8
24.	Bronchitis	.. .. .. ..	3	2	5
25.	Other diseases of respiratory system	.. .. .. ..	-	-	-
26.	Ulcer of stomach and duodenum	.. .. .. ..	-	-	-
27.	Gastritis and enteritis and diarrhoea	.. .. .. ..	-	-	-
28.	Nephritis and Nephrosis	.. .. .. ..	2	1	3
29.	Hyperplasia of prostate	.. .. .. ..	1	-	1
30.	Pregnancy, Childbirth, Abortion	.. .. .. ..	-	1	1
31.	Congenital Malformations	.. .. .. ..	2	1	3
32.	Other defined and ill-defined diseases	.. .. .. ..	10	9	19
33.	Motor Vehicle Accidents	.. .. .. ..	4	-	4
34.	All other accidents	.. .. .. ..	-	1	1
35.	Suicide	.. .. .. ..	1	-	1
36.	Homicide and operations of war	.. .. .. ..	-	-	-
TOTALS				94	75
					169

Diseases of the Cardio-Vascular system were as usual at the head of the list of causes of death accounting for 83. In these Coronary Disease was also again very much to the fore. A watch on the diet, on the waistline for the over 40 year old and a ration of healthy exercise regularly are the best preventives in this field.

Malignant Neoplasms took second place with thirty seven; of which cancer of the lung took a toll of six. Will we never learn as a nation and continue to smoke ourselves to death as 30,000 a year are doing now.

The Respiratory group of diseases had the comparatively low total of thirteen.

Four deaths were due to motor vehicle accidents which accidents vie with cancer of the lung in causing a preventable burden of misery and death.

One eighty years old woman accidentally fell into a river and was drowned. Though this is the only death attributed to accidental causes; actually falls in the home led to the death of several other elderly persons. This underlines the need to be constantly on the look out for hazards in the homes of Senior Citizens.

One male committed suicide, drowning appearing to him preferable to continuing his existence.

SECTION B. GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Nursing in the Home

Nine District Nurse Midwives are employed either full or part time within the Rural District. The two District Nurse Midwives in Bourne also serve in the surrounding rural Parishes. In South Kesteven, Stamford and Bourne, there is an establishment for three Health Visitors, but in spite of every effort, two of these vacancies have proved impossible to fill. Accordingly, the work of this specialised service has devolved for yet another year on Miss Hetherington of Bourne for all three Districts, - an impossible burden. Some of the District Nurses already mentioned are engaged in Health Visiting duties also. They provide a complete advisory service to the family as a whole as well as guidance in child care and home management.

Home Helps

These are provided throughout the Rural District from centres

at the North Street Clinic, Bourne, the Barnhill Clinic, Stamford and from Sleaford for the Horbling, Billingborough and Folkingham areas.

Office times for inquiries are:-

Barnhill House, Stamford.

Monday to	-	8.45 a.m. - 12.30 p.m.
Friday		1.30 p.m. - 5.15 p.m.

North Street Clinic, Bourne

Mondays	-	9.30 a.m. - 12.30 p.m. 2.00 p.m. - 4.30 p.m.
Tuesdays	-	2.00 p.m. - 4.30 p.m.
Wednesdays	-	9.30 a.m. - 12.30 p.m. 2.00 p.m. - 4.30 p.m.
Thursdays	-	10.00 a.m. - 12.30 p.m. 2.00 p.m. - 4.30 p.m.
Fridays	-	2.00 p.m. - 4.30 p.m.

This service continues to be of untold benefit to the elderly preventing in many instances their domestic and nutritional deterioration. It also helps to hold the "problem family" from disintegration, with its consequent unhappiness of the children and heavy cost to the Community. Finally and less important from a practical point of view is their support of the mother before and after her confinement, but few want this, as the full cost to them is 5s. Od. an hour and few women in this category can get a reduced assessment.

The ancillary service that of "The Good Neighbour" has aroused comparatively little interest though there are six in the area. I would like to think that the items of service for which these Good Samaritans can be paid by the Local Health Authority are in fact provided just the same - gratuitously!

The Night Sitter up service has been placed on a more realistic footing since the payments were increased.

Infant Welfare Centres

These are provided at Billingborough, Castle Bytham, Corby Glen, Folkingham, Morton, Thurlby and R.A.F. Langtoft and in each of these improvisation continues to be the order of the day, as only in Billingborough is there hot water and that is in the canteen kitchen and the hall itself is hardly adapted to the inculcation of good hygiene. An electric kettle is excellent for "brewing up" but as a

provider of hot water it has its limitations!

The new Deeping St. James Clinic has been a great success and taken some of the weight off the formerly overburdened Market Deeping one. It will be a great day when there is a purpose built Clinic to serve the Deepings as has been planned. In addition, the central clinics at Stamford and Bourne serve the surrounding areas. At all of these Centres Welfare Foods and food supplements are made available and a debt of gratitude is owed to all the voluntary workers who give so generously of their time and energy in support of the Health Visitors and myself and in creating a pleasant atmosphere.

A doctor attends all of these except the Morton and Thurlby Clinics.

Hearing tests for babies and infants over seven months of age are carried out at the Bourne Clinic on the second Thursday in each month from 10 a.m. to 12 noon. No appointment is necessary.

Immunisation

Immunisation against Diphtheria, Whooping Cough and Tetanus and Vaccination against Smallpox are provided, without cost to the patient, by the Family Doctors, under the County Council scheme. In some instances Poliomyelitis protection is given also by them.

All these items of service are provided on request without prior appointments at the Stamford, Bourne, Market Deeping, Deeping St. James, Castle Bytham, Folkingham, Billingborough and R.A.F. Langtoft Clinics.

Mothercraft and Relaxation Classes

These are held at the Barnhill Clinic, Stamford on Tuesday afternoons and Wednesday afternoons at the Bourne Clinic. Sixteen mothers-to-be from this Rural District attended the Bourne classes and eleven the Stamford ones which was an increase on the previous year.

Each course consists of eight lectures covering ante-natal care, preparation for confinement and infant care. Relaxation exercises are taught, films are shown and the afternoons are made thoroughly enjoyable. They deserve even greater patronage than at present.

School Health Service

Clinics are held at both Barnhill, Stamford and North Street,

Bourne, providing Ophthalmic, Physiotherapy, Speech therapy and minor ailment services.

With the arrival of Mr. Parson as School Dental Surgeon, full school dental facilities are now available in the area. Over eight hundred and fifty school and pre-school children received treatment at the two Clinics during the year and four expectant mothers were also made dentally fit.

Cervical Cytology Clinic

This was opened at Barnhill, Stamford towards the end of the year and of the first forty eight women to attend six came from the Rural District. It is expected that this screening test will be requested much more in the future. Appointments from the Rural District should be made at or in writing to the Barnhill Clinic. The sessions are held on the second and fourth Thursday afternoons by Doctor Anne Whiteley and the writer alternately.

Ambulance Service

This is provided for the Rural District by a radio-controlled system from centres at Stamford where there are three ambulances and one dual purpose vehicle, and Bourne where there are two ambulances and two dual purpose vehicles. Small areas are also served from Sleaford and Grantham. It seems likely that this service will be taken over by the Hospital Authorities in the future.

Services Provided by the Regional Hospital Boards

All the usual Hospital Services are provided by the East Anglian Regional Hospital Board for the southern part of the area, from Hospitals situated in Peterborough, Stamford and Bourne. Similar services are provided by the Sheffield Regional Hospital Board in the northern area from the Grantham Hospital. This latter Board provides the services for the Mentally disabled throughout the whole area, from their Hospitals at Harmston Hall and Rauceby.

Venereal Disease

Clinics are held at the Out Patients' Department, Memorial Hospital, Peterborough, under Doctor N.A. Ross.

	<u>Males</u>		<u>Females</u>
Mondays	4.30 - 6.30 p.m.	Tuesdays	10.30 - 12.30 p.m.
Wednesdays	5.30 - 7.00 p.m.	Thursdays	4.30 - 6.30 p.m.

By the Public Health Service Board
Laboratory Facilities

A full service of bacteriological investigations is given us by the Public Health Laboratory, situated at the Peterborough Memorial Hospital, and under the control of Doctor E.J. Glencross. I would like to acknowledge gratefully the ever ready help and courtesy which Doctor Glencross and his staff have extended to us throughout another year. Brucellosis investigations have thrown much additional work upon them.

By the Family Planning Association

This Clinic is held at Barnhill, Stamford and provides a welcome service to married people wishing to plan their families. At it advice is given on methods of contraception and medical help with sexual problems and advice in cases of sterility and sub-fertility.

Oral methods of contraception - "The Pill" - have not been used so far but with the committee of experts who have inquired into its safety now reporting that there is no untoward risk of complications; and with its aesthetic appeal to the user it will no doubt shortly be introduced.

The Clinic is held by Doctor Anne Whiteley - Deputy County Medical Officer - assisted by a Health Visitor and a Committee of Voluntary Workers, whom I would like to thank for their valuable services.

The sessions are held:-

First Tuesday in each month 2.00 p.m. - 3.00 p.m.

Third Tuesday in each month 7.00 p.m. - 8.00 p.m.

Last year 105 women attended the Clinic of which 55 were for the first time. Interested persons from the Rural District are welcome to avail themselves of the facilities provided.

Childrens' Department

The Area Child Care Officer for South Kesteven, Mrs. E.W. Avison, assisted by Mrs. Newell have their headquarters at Barnhill House, Stamford, Telephone Number Stamford 2906. The close liaison which has sprung up between them and the members of the Medical, Nursing, Home Help, Mental Welfare and Probation Services who share the building has been firmly cemented to the benefit of all.

A Family Advice Centre is open on Fridays from 1.30 p.m. to 4.00 p.m. to give advice on and help with all social problems involving children and young persons.

SECTION C.

SANITARY AND ENVIRONMENTAL
CIRCUMSTANCES OF THE AREA

The Public Water Supply is potentially available to over 95 per cent of the population in the area. During 1966 many new mains were laid and new connections completed. I am most grateful to Mr. Cameron Stobie, Engineer and Manager of the South Lincolnshire Water Board for the details of these which follow, for his comments and for his kind co-operation during the past twelve months.

Report of Water Supply to the South Kesteven Rural District for the period January 1st to December 31st, 1966,
as reported by Mr. Cameron Stobie.

"Throughout the year of 1966 water deliveries to the area of South Kesteven Rural District were maintained without any serious breakdown or curtailment of supplies. Some minimal interruption occurred on a few occasions due to some intermittent disturbances in electricity supplies to the various pumping stations serving the area. These were fortunately of short duration but their occurrence does spot light the inter-dependence of one public service upon another and the necessity of close co-operation between these services. Two main sources serve this area, namely Bourne and Billingborough and in addition a bulk supply is afforded from the Peterborough City trunk main which serves principally the Deeping areas.

The water from Bourne is delivered to the Lound Station from where it is pumped and repumped via Castle Bytham and Bulby. The Billingborough source serves mainly the neighbouring parishes and also is delivered to the distribution tower at Folkingham.

The total consumption of water in the South Kesteven district for 1966 was 212,247,000 gallons which figure when compared with the 1965 total of 205,201,000 gallons shows an increase for 1966 of 7,046,000 gallons or 3.43% over 1965.

These figures show a daily consumption for 1966 of 581,500 gallons, for 1965 of 562,194 gallons. This smaller increase which is contrary to the general trend is indicative of some satisfactory results being obtained from the continual efforts to control waste.

Sampling of sources for bacteriological analyses is carried out at weekly intervals with satisfactory results. Chemical analyses of

supplies is also made at appropriate intervals."

The following table gives the location, diameter and length of mains laid during the period under review:

Water Mains Laid During 1966.

Market Deeping

Church Street	1076 yds.	-	4"
	309 yds.	-	6"
Outgang Road	43 yds.	-	8"
Godsey Lane	127 yds.	-	3"
	133 yds.	-	4"
The Woodlands	300 yds.	-	3"
Park Avenue	233 yds.	-	3"

Deeping St. James.

Manor Park Estate	832 yds.	-	3"
	83 yds.	-	4"
Broadgate	382 yds.	-	3"

Thurlby

Crown Lane	203 yds.	-	1½"
Northorpe	500 yds.	-	3"

Carlby

The Avenue	162 yds.	-	3"
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Horbling

The Camp	264 yds.	-	3"
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Dowsby

Long Drove	850 yds.	-	3"
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Aslackby

Keisby Road	274 yds.	-	3"
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Swayfield 10 yds. - 3" 747 yds. - 4"

Toft with Lound and Manthorpe

Wilsthorpe Road, Manthorpe. 220 yds. - 3"

Castle Bytham

Glen Road 100 yds. - 4"

Greatford

Carlby Road 342 yds. - 3^{II}

Creeton

Counthorpe Road 2 yds. - 3^u

Totals: 203 yds. = 15" diameter

4498 yds. - 3" diameter

2139 yds. = 4" diameter

309 yds. = 6" diameter

43 yds. = 8^{ft} diameter

ANALYSIS OF A TYPICAL SAMPLE OF WATER
FROM THE SUPPLIES TO THE DISTRICT FROM THE BOURNE PUMPING STATION
(parts per 1,000,000)

pH	7.4
Chlorine present as Chloride	25.0
Hardness:	
Carbonate	230.0
Non-Carbonate	150.0
Nitrate Nitrogen	0.9
Nitrite Nitrogen	Absent
Ammoniacal Nitrogen	0.00
Albuminoid Nitrogen	0.02
Oxygen Absorbed	0.30
Free Carbon Dioxide	20.0
Dissolved Solids dried at 180° C	455.0
Alkalinity as Calcium Carbonate	230.0
Residual Chlorine	Absent
Fluoride (F):	Less than 0.1
Electric Conductivity	680.0
Metals:	
Iron	Absent
Zinc	Absent
Copper	Absent
Lead	Absent
Manganese	Absent

This sample is clear and bright in appearance, just on the alkaline side of neutrality and free from iron and other metals. The water is very hard in character though not excessively so and it contains no excess of mineral constituents. It is of very satisfactory organic and bacterial purity indicative of wholesome water suitable for drinking and domestic purposes.

The water supplies throughout the area and those of neighbouring Authorities are derived from the gathering grounds of the Lincolnshire Limestone water bearing strata. Much of them are under artesian pressure. Coming from such a source it is axiomatic that the water is heavily charged with Carbonates making it very HARD. Whatever chemical disadvantages may accompany this it is certainly not plumbo-solvent and is of high bacteriological purity as a rule. After the relatively high rainfalls of the past eighteen months the aquafer has been filled and the water levels stand higher than for a long time past. At the culmination of this process the flushing caused a temporary deterioration in the bacteriology of the raw water but this soon settled.

It is a pity that in the growth of the Undertaking and of Deeping St. James the much favoured water which formerly supplied that Parish has now lost its identity. No longer can the residents there rejoice, albeit often unknowingly, in the benefits of a naturally fluorinated water supply. However its epitaph is written on the teeth of the children, adolescents and the young adults for all to read for many years to come. I only wish their children could have had the same heritage. Though all informed medical, dental and scientific opinions are unanimous in their support for the raising of the fluorine content of Public Water Supplies to the optimum figure of one part per million there is no likelihood of its being implemented here in the near future — Yet it is the answer to the ravages of dental caries in the young.

On the ethical aspects of the subject I can do no better than quote the present Minister of Health who commented:-

"Some people object that fluoridation infringes personal liberties. But we must look at this in its proper perspective. Fluoridation is a tried and tested public health measure which cannot possibly hurt anyone, and which it is not practicable to provide other than by the public water supply. As has been said elsewhere, it is not the erosion of personal freedom which is at stake, but the erosion of millions of teeth and the resultant suffering and misery of thousands of children which fluoridation would go far to prevent. My support for fluoridation cloaks no sinister designs on personal liberties. The only consideration which has influenced me is the desire to ensure that no child is denied the benefits which those in some more fortunate parts of the country have always enjoyed, and which can now be made available to all."

The Council agreed to continue without charge the service of carrying out precautionary Widal tests for employees of the Water

Board who work on the water supply systems within the area.

The Chief Public Health Inspector in his report for 1966 has already dealt fully with sewage disposal situation in the rural district, applauding what has been done and recording the proposed onward march of progress towards sewerage the smaller villages to modern Sewage Disposal Works. For my part I will make a special point for the urgent need of a modern disposal system with the minimum delay for the Swayfield, Swinstead, Castle Bytham, Little Bytham areas. These Parishes are situated on the vulnerable Lincolnshire Limestone water collecting area, on which as I have already said, so much depends. Everything possible should be done to avoid contaminating this area, where swallow holes and faulting are common geological features adding thereby to the inherent risk.

During the year twenty-two samples of raw water from the Wilsthorpe bore were taken and of these three showed contamination and were indicative of some pollution of the gathering grounds but this was less than in the previous year.

Also to be greatly welcomed and awaited with ill concealed impatience is the extension to the Horbling Works which will be specially designed to enable the contents of the nightsoil "cart" — and this in spite of all efforts in the sphere of main drainage will remain with us for many years — to be dealt with efficiently and hygienically instead of by land irrigation with all its drawbacks.

The problem of farm effluents will remain a difficult one to solve. It would be convenient if they could be accepted for treatment into the various sewage disposal schemes but with a pig or sheep producing the sewage equivalent of three human beings and a cow of five, it would not be long before the capacities of all the works would be overloaded. Milk washings are also very high in their biological oxygen demands and therefore of works capacity. To treat all these effluents would also surely be a great loss to soil fertility?

It was a far sighted and welcome step in co-operation when this Council and Bourne's combined to appoint a Sewage Works Chemist. With so many separate Sewage Disposal Works all presenting their own problems and idiosyncrasies on the one hand and the insistent demands from the River Boards for final effluents of impeccable standards on the other this had become a virtual necessity. Now there are facilities for routine and more immediate examinations of the products from any part of the Works and immediate advice on dealing with whatever abnormality is revealed by these examinations. What a big advance this is from a cold set of figures which was all we had to work upon in the past. Already though only a few months old

the scheme is proving most successful and it is to be hoped that Mr. Maxfield's stay will be a long and happy one.

The only public toilets provided by the Council are at Market Deeping. Paper towels and cold water hand washing facilities are provided. It is much patronised particularly during the summer months. There is still a need I am convinced for a further Public Convenience on the A. 16 preferably at Tallington as the main through routes by-pass those at Stamford and those at Market Deeping are inadequate for this sort of demand. Will the Ministry of Transport see it this way too, after all it is their road?

A fortnightly domestic refuse collection from the house door is provided. Though it is appreciated that this interval is overlong, particularly in the summer months if decomposable materials are contained in the bins, the thought of increasing the ratepayers burden by 5d. in the pound which is the estimated additional cost of the weekly service resulted in its being dropped. Paper salvage is collected, thereby reducing dead space in the freighters and also even more inflammable material being conveyed to the tips. A modified controlled tipping system is employed but even so constant vigilance has to be maintained to prevent rat infestation and control measures cost a considerable amount. Each treatment of a tip costs about £35. making an annual bill of £125. At best they add nothing to the landscape. Maybe one day a combined scheme with neighbouring Authorities will result in the installation of a central destructor plant. Certain it is that holes in the ground suitable for filling with refuse will become progressively more difficult to find. Illicit dumping at the Council's tips has been much less frequent this year.

The new mortuary at the Stamford Hospital provides facilities for all routine calls on this service from the Coroner, the Police or the Pathologist. However arrangements have been made with the Management Committee of St. Peter's Hospital, Bourne, to have the use of the mortuary there to meet exceptional cases of need.

A survey was carried out on the proposed extension to the Castle Bytham burial ground and this was recommended for approval. With the provision of this there will be adequate space for burial purposes in all the Parishes.

The nearest Crematoriums are situated at Marholm (near Peterborough) and Grantham.

As the result of amending legislation Gangmasters Licences are no longer required so the three which have been issued annually for many years past have lapsed.

The great improvement noted last year in the hygiene and discipline of the fruit pickers in their temporary camp at Ringstone Hill has been maintained and this is due to the welcome co-operation of the farmer and his staff.

One complaint of nuisance from dogs kept within a built up area was received but on investigation no public health hazard was found. A complaint of pig squealing causing a nuisance was investigated, but the work carried on which gave rise to the squealing had been going on for many years prior to the house being built from which the complaint was made. In each of these two cases one could but query the wisdom of the choice of site, and muse on the frailties of human nature. One complaint of insufficiency of street lighting outside some elderly persons dwellings was found to be reasonable and it was scheduled for improvement.

It will be seen that even small matters receive the fullest consideration and every effort is made to find a solution.

SECTION D.

HOUSING

The routine statistics of Housing are fully dealt with in the report of the Chief Public Health Inspector for 1966, so I will confine myself to the Socio-Medical aspects of the subject.

A revision of the waiting list has reduced the numbers of applicants to 279 from the 392 of last year. Of these almost fifty per cent require bungalow or ground floor accommodation. Their needs are not met by other types of dwelling, as their physical condition in many instances renders stair climbing a hardship and with each passing year more and more of a hazard. The demand for this type of home is loud and insistent.

The applications and the Parishes of their choice are as follows:-

DETAILS OF APPLICATIONS ON THE COUNCIL'S HOUSING LIST

<u>Village</u>	<u>Post-War</u>	<u>Pre-War</u>	<u>Bungalows</u>	<u>Total</u>
Aslackby & Laughton	3	1	4	8
Baston	7	-	4	11
Barholm & Stowe	-	-	-	-
Billingborough & Birthorpe	2	1	13	16
Careby, Aunby & Holywell	-	-	-	-
Carlby	4	-	2	6
Corby Glen	9	-	12	21
Counthorpe & Creeton	-	-	-	-
Castle Bytham	1	-	10	11
Little Bytham	8	-	2	10
Dowsby	2	2	2	6
Dunsby	-	-	1	1
Deeping St. James	8	1	13	22
Edenham	1	-	-	1
Folkingham	4	-	5	9
Market Deeping	33	1	24	58
West Deeping	4	-	6	10
Greatford	1	-	-	1
Haconby	-	-	2	6
Horbling	9	-	4	13
Irnham	-	-	-	-
Kirkby Underwood	-	-	-	-
Langtoft	4	-	1	5
Morton	11	1	12	24
Pointon	-	-	5	5
Rippingale	4	2	3	9
Swayfield	-	-	-	-
Swinstead	-	-	4	4
Tallington	5	-	-	5
Thurlby	6	1	2	9
Uffington	3	-	4	7
Witham-on-the-Hill	-	-	1	1
 TOTALS	129	14	136	279

A further 66 applications, making a grand total of 345, have been received from persons residing outside the district but desirous of returning to it.

The Grouped Bungalow Scheme at Deeping St. James remains a

classic example of caring for the elderly, and maintaining that delicate balance between independence and the ever ready helping hand when needed. The work of the Wardens is deserving of the greatest praise in fostering the high morale which exists within this group.

It is somewhat incomprehensible that in the Parker Morris yardstick and others since formulated no standard for bedroom heating has been laid down for new houses. This and proper insulation for elderly persons bungalows are a "must" now that the lethal effects of Hypothermia are fully appreciated. An elderly person cannot maintain his body heat indefinitely in many of the physical defects accompanying old age in defiance of a cold environment. It seems strange if the Health Services try to prolong an individual's life by every possible means and their housing then permits them to freeze out of existence.

The Council do not operate a Point's Scheme but they carefully consider all claims for priority on the grounds of ill health or socio-medical need. In each case a full investigation is carried out by the writer including a home visit and a recommendation is only made to the Health or Tenants Committee after this has been done. Their sympathetic ear is always given to these submissions. Nine such requests for priority during the year were received.

No case of Statutory Overcrowding was reported; but one case of "overcrowding" occurred which high-lighted the complete inadequacy of legislation to lay down standards for overcrowding or permitted numbers in caravans.

In a 21 foot van in which a quarter of the space was occupied by the kitchen, there were living 2 adults, a girl of 10, a boy of 8, a boy of 5 and a baby of a year. It was sought to bring "home" to this van two other children aged 6 years and 3 years who were boarded out -- and there was nothing in Law to prevent it. Fortunately the good offices of the Child Care Officer prevented it. Only when fire sweeps through such a "home" is there an outcry of sanctimonious platitudes about legal standards. The Council not only listened but arranged for this family to be re-housed and now all the children are reunited happily.

No case of infestation with fleas or bed bugs was recorded during the year but several cases of scabies did occur amongst the residents in one Council house and were dealt with promptly.

There are no Common Lodging Houses within the area.

SECTION E.INSPECTION AND SUPERVISION OF FOOD

There are three licensed slaughterhouses in the District and these together with those at Bourne and Stamford provide an adequate service for the area. The long awaited statement of future policy expected from the Ministry of Agriculture, Fisheries and Food has still not been made but it now seems unlikely that slaughtering will be centralised.

A hundred per cent meat inspection was maintained at all times and our Meat Inspectors also helped out a neighbouring Authority over an emergency by carrying out this work in their own time.

The routine visiting of food premises is still a very necessary facet of their work as only by these friendly supervisory visits can lapses in food handling techniques be discovered and rectified before harm results. All the scrupulous care which normally goes into food protection can so easily be nullified by one lapse in the long path from producer to consumer. The spot where bulk supplies is broken down and prepared for retail sale are so often the Achilles' heel in a food business as to warrant special attention.

The Chief Public Health Inspector (Mr. W. Chivers) in his report has given an accolade to the bovine Tuberculosis Eradication Scheme. This is undeniably deserved. Progress however must never mark time in its onward advance and now the spot light must fall on the problem of Brucellosis.

For the past six years most intensive efforts, with the fullest co-operation and help from the farmers concerned, have been made to rid herds supplying Tuberculin tested non-heat treated milk of brucella infection. After the taking of hundreds of samples a herd can be cleared of its reactors only to find after a relatively short period that one is again faced with a positive in a bulk sample of milk. Once again the weary and time and money consuming investigation has to be undertaken to trace down possibly just one cow which has been intermittently excreting the organism of Abortus Fever. This procedure has had to be followed time after time and during the year under review 197 samples from the cows were taken and investigated at very considerable cost. Only a determined policy of eradication can bring this nonsensical farce to an end. It has been done successfully in Northern Ireland and in Scandinavia and can equally effectually be done here at no extravagant cost when set beside the continuing toll of ill health in man and animal. If the experience of eradication in Northern Ireland were repeated in this Country the cost would be about £10 million. Is this too high a price to pay for immunity?

The steps in this eradication would be:-

- (a) Compulsory Vaccination and marking of all heifer calves between the ages of four and eight months.
- (b) Vaccination of older cattle only to be allowed in exceptional cases.
- (c) Eradication of the disease from producer retailers' herds (i.e. "raw milk" herds) to commence immediately on the basis of tests, slaughter of infected animals with compensation, and control of movement of animals within these herds.
- (d) The setting up of a National Register of cleared herds.
- (e) The preparation of a National Eradication Scheme by the testing of the remaining dairy and beef herds.
- (f) After a three year period, compulsory calf vaccination and eradication to be extended to all herds on the same basis as (c) above.

This scheme has incidentally had the full backing of the British Veterinary Association and the writer was a member of the Rural District Councils' Association Committee which advocated similar steps.

The Ministry of Agriculture have now, under pressure from informal public opinion, evolved a scheme of eradication which will commence with the registration of brucella free herds on a purely voluntary basis. To render a herd brucella free in the first instance, from our experience, will be easier said than done! Once a high proportion of farmers in an area have been thus voluntarily registered eradication areas will be defined and appropriate steps taken to deal with infected stock within that area as a whole. It is estimated that ten years will be required for the complete programme. This is a long time for dealing with a known Public Health problem.

The taking of milk samples periodically for the detection of the presence of penicillin continued. In the twelve months up to June, 1966, fifteen samples were taken and two of these were found to contain this antibiotic.

At a very large dairy in the region -- chosen at random -- it was revealed that in September, a month taken at random, out of 330 samples three were positive for penicillin. These figures are indicative of the fact that penicillin used injudiciously in the treatment of members of a dairy herd still gets into the public's milk supplies and pasteurisation does not remove it.

All the schools in the area are supplied with pasteurised milk but there are nearly 500 schools in the country as a whole, which still receive raw. Is free school milk, certainly for the over eleven year old, still a relevant social or medical need in 1967? It costs £13½ million a year now, and will a great deal more within the European Common Market, for the 56 million gallons a year which are given away.

A close watch is maintained on the bores which supply water cress beds and every care is taken to reduce contamination to a minimum. It cannot however be over stressed the necessity for the housewife to wash carefully all salad materials including lettuce, tomatoes, cress and so on before they are presented at table as all carry the risk of surface contamination during cultivation, in transport and at sale.

In his customary and always interesting contribution to this report Mr. Hawley, Chief Weights and Measures Inspector of the County reveals that sixty seven samples were taken under the provisions of the Food and Drugs Act, 1955.

Butter	1
Butter sweets	1
Cereals	1
Fruit Pie	1
Jelly	1
Margarine	2
Milk	39
Milk (Condensed)	1
Milk (Dried)	1
Preserves	3
Meat Products	3
Prunes	3
Peel (Crystallised)	1
Saccharin	1
Sausages (Pork)	3
Soft drinks	2
Soup (Tinned)	1
Vinegar	1
Wine gums	1

He comments as follows on certain of the samples:

Quality of Milk

"Quality" as applied to milk has a number of important connotations, many of which have received a great deal of publicity in recent years. The almost complete eradication of bovine tuberculosis in dairy herds has been, perhaps, the most spectacular

advance, but the modernisation of cowsheds and, very largely as a result of this, the great improvement in the keeping quality of milk, has still further popularised milk as a food that everyone can afford. For many years before and during the last War, the aim of all dairy farmers was to increase production. The high-yielding cow was much sought after and 'quality' in terms of milk solids was of secondary importance to 'quantity' in terms of gallons. Since the War, and with increasing tempo during the past few years, the emphasis has changed and now compositional quality, in terms of total solids, is of equal importance. The milk solids in milk, especially the solids other than fat, are a rich source of quite indispensable nutrients. They form an important element in the nation's diet, contributing, in the words of the Cook Committee.....

"protein, calcium and other nutrients..... which are an insurance against recent adverse dietary trends, notably a marked increase in the consumption of sugar and fats, foodstuffs which provide calories, but little else."

"In spite of this official anxiety that liquid milk should maintain a high solids-not-fat factor and the Milk Marketing Board's quality payment scheme to this end, solids-not-fat remain at a low level in many parts of the country. In Kesteven, however, where milk is produced mainly for local consumption, the position is rather better than in counties where milk production is practised more intensively.

"Very nearly half of all the samples taken were of mixed milk, that is the morning's and evening's milk of more than one herd. In other words this was milk processed by one or other of the large dairies in and around the County. This sort of milk maintains a consistent quality throughout the year and it does, of course, level out the natural inequalities between morning's and evening's milk. Homogenised milk which was introduced in some of the larger towns recently, has made little impact on the rural population, but there may well be a market for the new 'Long Life' milk developed by the Express Dairy Company and now on sale in Grantham. This milk is processed under pressure at temperatures well above the boiling point of milk and it is claimed that it will keep anywhere in the world for not less than six months. Samples have shown that it has all the characteristics of ordinary pasteurised milk without any alien flavours. It is sold in hermetically sealed cartons and if it were to become popular would eliminate the need for daily deliveries of milk. A recent inquiry made on behalf of the Minister of Agriculture into methods of milk distribution establishes the fact that a two-day delivery system (instead of the present daily delivery) would save 5d. per gallon on the retail price of milk. Indeed, this pattern of delivery has been strongly recommended to the Minister

and is likely to be adopted within the next two years. For those without refrigerators, Long-Life milk will be the complete answer.

All 39 samples of milk taken in South Kesteven were genuine.

Butter

"By statutory definition, butter must be made exclusively from cow's milk, with or without salt and with or without certain permitted colouring matters, all of vegetable origin, namely, annatto, carotene and turmeric. It must contain a minimum of 80% of milk fat and not more than 2% of milk solids other than fat. It must not contain preservatives (other than salt) and not more than 16% water, although, under the Antioxidants in Food Regulations, it may contain certain permitted antioxidants. These are substances which.....

".....delay, retard or prevent the development of rancidity or other flavour deterioration....."

.....and since most fats become rancid on exposure to air and light, the addition of antioxidants is permitted by law to extend the 'shelf-life' of butter, margarine and cooking fats.

This sample was satisfactory with 15.04 per cent of water.

Margarine

"Margarine was evolved as a butter substitute for the French Navy in 1869 and its image has always been that of a substitute for butter in spite of strenuous efforts by its latter-day sponsors to give it a more pastoral flavour. Nowadays, it is fortified with vitamins A and D and its nutritional value is equal to that of butter. At its best, it has nearly all the virtues of butter but people still complain if they get margarine instead of butter when they ask for bread and butter, though this sort of complaint is often without foundation. The better sorts of margarine are allowed to contain up to 10% of butter, but, like butter, the product must contain not more than 16% of water.

Both samples were genuine.

Sausages

"For many years, it has been accepted by all concerned that a pork sausage should contain 65% meat and though the Minister has promised to give this conventional standard statutory effect, the proposed Regulations are still in the incubation stage. Lincolnshire pork sausages have always held a high place in national esteem. They

are still as good as ever these samples containing over 70% of meat.

Foreign bodies in Foodstuffs

These occur occasionally and one particularly interesting complaint came from a South Kesteven resident. This concerned a well known brand of baby food, sold in a hermetically-sealed tin from which, prior to sealing, the oxygen is removed and replaced by nitrogen.

"This process preserves the delicate flavour and freshness of dried milk, but makes it extremely unlikely that any living thing could survive. This was important in this case, because the mother concerned alleged she found a 'maggot' in the tin when she went to make her baby's evening feed (having opened the tin at mid-day and been very careful to close it securely). The Public Analyst reported that he could find nothing wrong with the dried milk in the tin. It was fresh, free from any evidence of occupation by a living larva. He gave it as his opinion that a living organism could not have survived in the hermetically-sealed tin for more than a few days at the most (it was known that the tin had been sealed in July and opened in November). The Ministry's regional entomologist confirmed this finding and said an organism of this size would have left unmistakeable evidence of its sojourn in the tin. In these circumstances, the mother was informed that the larva must have entered the tin some time after it was opened."

I am most grateful to Mr. Hawley for his kind co-operation and help throughout another year. The co-operation between his Department and ours could not be bettered.

SECTION F.

THE PREVENTION AND CONTROL OF
INFECTIOUS AND OTHER DISEASESANALYSIS OF CASES OF INFECTIOUS DISEASE
UNDER AGE GROUPS

Age Groups	Scarlet Fever	Diphtheria	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Cerebro Spinal Fever	Measles	Whooping Cough	Erysipelas	Dysentery	Acute Encephalitis	Paratyphoid
0-1	1											
1-2		1										
2-3			1									
3-4				1								
4-5					1							
5-10						1						
10-15							1					
15-20								1				
20-35									1			
35-45										1		
45-65											1	
65 & over												1
Age Unknown												
TOTALS	31	1	1	8	1	1	4	7	1	1	1	1
Admitted to Hospital		-	-	-	-	-	-	-	-	-	-	-

There were 164 cases of notifiable disease recorded during the year - more than doubling the 80 cases of the previous twelve months. This was due to a rising incidence of measles in the closing weeks presaging the expected biennial epidemic.

There were thirty-one cases of Scarlet Fever compared with ten notifications in the previous period. Though the restrictions on contacts have been lifted in the majority of cases, they still remain valid for food handlers and midwives to avoid placing the public at special risk.

It is eight years since there has been a case of Poliomyelitis in South Kesteven and nineteen since Diphtheria last struck. Year by year it is stressed how essential it is for every mother to have her children immunised against these two diseases, and tetanus for good measure, during their first year of life. Failure to do this will allow a come-back for these crippling and often lethal organisms and a life time of regret for those who have failed to take out this unbeatable insurance policy.

The latest figures available for the County show that only 70 per cent of children are protected against Diphtheria and only 66 per cent against Poliomyelitis. Whilst our position locally is somewhat better than this it still can and must be improved.

Measles epidemics occur every second year and this disease of childhood is accepted with stoic fatalism. Whilst often mild it carries the risk of complications which occur once in every 75 cases making a total of 33,000 a year for the country. The measles virus and that of distemper are very similar but so far as a vaccine is concerned the dogs have been luckier than the children. There is however every hope that very soon there will be a vaccine available for general use which will be potent enough to give protection and yet mild enough to be acceptable. At the moment the one available does tend to produce in many cases a short attack rather like a "mini measles" one. It is accordingly better to wait a little longer until research has produced a vaccine which can be recommended for mass preventive use; as reaction to one vaccine does tend to engender parental resistance to other and proven vaccines also and this cannot be afforded.

The increased popularity of holidays abroad has increased the requests for vaccination against smallpox. It should be noted that the best time for the primary vaccination is around a baby's first birthday not when the adult comes grasping an airline ticket, at a time which may prove inconvenient both for the doctor and later for the petitioner!

A card of precautions against Weil's disease is given to all the

Council's employees who work in potentially rat infested places. Any members of the public can have a copy from the Health Department on request. There was one suspected case reported during the year involving a man who had been engaged in "roding" a watercourse. Fortunately the suspicion was not confirmed but full investigations and a rat survey at his place of work were carried out. One cannot be too careful where risk exists as it is a most unpleasant complaint.

One case of dysentery was reported and fully investigated, including all contacts, but no specific organisms were actually isolated. Fortunately no food handlers were involved and no one else was affected.

Venereal Disease

The number of new cases of Venereal Disease from the South of Kesteven which look to the Peterborough Clinic for treatment was thirty-five. Unfortunately the separate figure for the Rural District is not available apart from that of Stamford and Bourne which are included in this total. Sufficient to say it still pays to be continent!

TUBERCULOSIS NEW CASES AND MORTALITY DURING 1966

Age Periods	<u>NEW CASES</u>				<u>DEATHS</u>			
	<u>Pulmonary</u>		<u>Non Pulmonary</u>		<u>Pulmonary</u>		<u>Non Pulmonary</u>	
	M	F	M	F	M	F	M	F
35-44	1	-	-	-	-	-	-	-
45-54	2	-	-	-	-	-	-	-
65-74	1	-	-	-	1	-	-	-
TOTALS	4	-	-	-	1	-	-	-

There were four new cases of Pulmonary Tuberculosis this year compared with six in 1965 and two in 1964. There were no new cases of the Non-Pulmonary form of the disease. One death was attributable

to the Pulmonary form in an elderly man. This was unsuspected and only diagnosed posthumously. It again strikes home the off made point of the necessity for the elderly as well as those in the younger age groups to visit the Mass Radiography Unit when opportunity presents. So often a nidus of infection is found in the chest of the elderly "bronchitic".

B.C.G. vaccination against tuberculosis was offered as is customary now to all school children aged 13 - 14. The acceptance rate was satisfactory. All who gave negative skin tests were vaccinated and those found to be positive had chest x-rays. In no instance was active tuberculosis found.

The most helpful and desirable liaison between the Health Visitor, who is responsible for visiting at home patients with tubercle, their contacts and their family on the one hand and the staff of the Chest Clinic at Bourne on the other has continued. It is an essential contribution to the efficient working of the After-Care service.

Food Poisoning

No case of Food Poisoning was reported during the year.

National Assistance Act - Section 47

No compulsory removal of any person from their own home to Welfare accommodation or to Hospital was deemed necessary during the year. There were several cases each involving over eighty year old individuals living alone, who were the cause of the utmost anxiety, until by dint of much persuasion they were prevailed upon to seek the refuge of welfare homes.

There were also at least two other persons who at the year's end were obviously going to require an early resolution of the social and domestic crisis which was so imminent, due to their stubborn refusal of help from any quarter or to consider giving up their homes.

Health Education

This Council continues to support the Central Council for Health Education and the Royal Society for the Prevention of Accidents and make full use of the posters and pamphlets on Health and Safety topics which such membership brings.

However excellent this propaganda material may be it is the personal approach by the Teacher, Doctor, Health Inspector and Nurse which makes the greatest impact. It is to the young that the major effort should be addressed before bad habits and attitudes have been

formed, for it is notoriously difficult to alter a pattern once it has been moulded. The impact of anti-smoking drives on the addicted adult is illustration enough of this truth.

Miscellany

The Health Department was as usual confronted with a wide variety of problems of a Socio-Medical nature. Twenty of these were particularly urgent or difficult.

There was the South Kesteven woman of middle age who for many years had suffered from a progressive nervous disease until she had reached the stage of being unable to support herself at all. For ten years she had Home Help and then even this was no longer available to her. Her toilet was an outside closet at the bottom of the garden which she could not use unaided. Worst of all when her husband went to work she was left alone in the house all day unable to move. Her husband too was not very fit. Their position was a pathetic one. Her admission to the Day Hospital in Stamford three times a week was a very great help and their plight moved the Housing Committee of Stamford Corporation to rehouse them on priority in the Borough where help was more readily available to them. This has been enormously successful.

There was the couple, both in their late seventies, one of whom had a coronary thrombosis and the other a stroke leaving her partially paralysed and also a victim of arthritis. The woman's sister, an octogenarian spinster normally lived with them but after a spell in hospital she still needed invalid attention and yet neither were fit to give it. They lived in an isolated position in a structually sound home but cold and devoid of conveniences such as hot water and with an outside toilet. Under such circumstances life is a struggle and a possible solution of a vacancy in a grouped bungalow has not yet been found.

There were the couple living in a hired caravan at great expense and with all its attendant difficulties. The wife was in hospital for a year with a rheumatic condition and on her return was unable to walk or help herself. The elder child was at a Deaf School returning home for the holidays and the younger was active for his age. To re-house this needy family and arrange the furnishing from voluntary sources was to transform the outlook for them.

There was a succession of cases stemming from personal loneliness, physical incapacity and advancing age; these ingredients being mixed in varying proportions.

The Elderly want to cling to their independence but this otherwise laudable attribute tends to make some of them difficult

to help. They are often suspicious of the proffered hand of assistance, suspecting patronisation or charity. Most of the individuals referred to, by dint of prolonged and tactful persuasion accepted the resources of the Socio Medical Service and were saved from the precipitous edge of social disaster. In one instance the danger signal came too late. Three uncollected milk bottles on the doorstep when the milkman called first made him or anyone else wonder if something was wrong. Obtaining no reply he summoned the Police, an entry was forced and the old lady was found dead on the floor. In fact she had been dead for some time. This incident occurred in one of our villages. The victim lived alone. She was of an independent nature but the state of her home made it clear that she had been incapable of managing herself or her own affairs for a considerable time past. In the village kindly folk abounded. It just makes one wonder how such tragic happenings can occur without warning when so many agencies statutory and voluntary are ready to help and what can be done for the future to prevent the re-enactment of such an episode.

Loneliness in the elderly is still a challenge to all who are socially conscious and a Voluntary visiting scheme, so long as the visits are carried out regularly, would be a great benefit to those who are living within the shadow of this deprivation.

The Chiropody Service provided by the County Health Authority through the medium of the Darby and Joan Clubs has brought much comfort to many aching feet. In some cases it has been possible to arrange domiciliary treatment, where disability has prevented a homebound person going to a Centre. This facet of the work could be expanded with advantage.

The Welfare Homes of the County Council are a safe and comfortable refuge for those who no longer can maintain themselves, even with all possible outside help. What a shame there is no provision for elderly married couples and that they have to be divided at bedtime, coldly breaking the habit of many years.

The Meals on Wheels service run by the W.V.S. and subsidised by the County Welfare Department has made a very big contribution to the dietetic needs of those who receive meals from it. The air of expectancy and later satisfaction on the faces of the recipients is testimony to the value placed upon it. It remains inexplicable why only six Parishes have so far accepted this invaluable service.

There are many agencies and field workers engaged statutorily in the fields of helping the elderly, the handicapped and the child at risk from inimical home and environmental circumstances. It was felt that if all the people charged with the duty of bringing help to these needy individuals and families met together periodically to discuss difficult cases, to pool their resources and to avoid

overlapping visits much of value would be derived. Accordingly nearly five years ago the South Area Co-ordinating Committee for the Welfare of the Elderly and the South Area Co-ordinating Committee for the Welfare of Children at Risk were set up, under the Chairmanship of your doctor. These two Committees have amply justified all the hopes expected of them and are flourishing and well attended. On an average twenty-five cases from the Rural District were reviewed and discussed each time these Committees met during the year.

The writer has had the privilege of carrying on as Honorary Medical Editor of the Rural District Review and some interesting topics have been featured in its Medical Matters Series. He has also served on the Allied and Social Services Committee, the Control of Pesticides and Toxic Chemicals, and the Brucellosis sub-committees, of the Rural District Councils' Association and this chance of liaison with "Higher Authority" is both stimulating and valuable.

The use of Pesticides and Toxic sprays based on D.D.T. and other highly persistent Organo-Chlorine chemicals has been the subject of much controversy and no little concern and research. Certain of the acknowledged more pernicious chemicals have now been withdrawn from sale, for example Aldrin and Dieldrin.

The remainder in use and all new ones introduced are subjected to the most vigorous tests for toxicity and persistency. We are assured that there is now little to be feared for human welfare or our genes from those being contemporaneously marketed. We on average have two parts per million of D.D.T. in our body fat but again we are assured this does not matter either.

There have been no outstanding developments this year but one exciting project has been decided upon for Bourne which may have a benefit for the surrounding villages. This is the formation of a Health Centre where family doctors and Local Health Authority medical and ancillary Staff can work together under one roof. This will set the scene for yet fuller co-operation between the family doctor, the medico-social and the domiciliary services which is to the good of all working within the framework of the National Health Service and not least of all for the patients. May it flourish exceedingly as it deserves!

In drawing this report to a close I would like to thank the Chairman and members of the Health Committee for their continued support and interest in all the aspects of the work of the Health Department.

I acknowledge gratefully the ever generous help in word and deed

which is always forthcoming from Mr. Chivers and his staunch reliability. It has been a blow to him to lose his two colleagues this year, Mr. Watson to the Emerald Isle and Mr. Hyde to Bewdley. We welcome in their place Mr. Bower and Mr. Goodley and hope their stay will be long and happy, and mutually beneficial to themselves and the Department.

I wish to thank Mr. J.J.C. Goulder, our Clerk for all the advice and assistance on medico-legal points and others of common interest which he has so willingly given during the twelve months; and also my other colleagues on the staff for their co-operation.

Miss Rawlinson as senior Shorthand Typist has continued to shoulder her difficult task with a ready smile and her dealings with the public with grace and aplomb. Miss Wade ably assists her and together they keep up the standards of service and the happy atmosphere which as a Department we so greatly value and desire to maintain.

In conclusion I acknowledge again heartily the kindness of Dr. Galletly in standing by for me when I have been away.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH

Medical Officer of Health.

FACTORIES ACT 1937 & 1948

The Annual Report of the Medical Officer of Health
in respect of the year 1966 for the Rural District
of South Kesteven in the County of (Kesteven)
Lincolnshire.

PART 1 OF THE ACT

1. Inspection for purposes of provision as to health.

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1) Factories in which sections 1, 2, 3, 4 & 6, are to be enforced by the Local Authority	5	-	-	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	67	2	-	-
(3) Other premises in which section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTALS	72	2	-	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Inadequate temperature (S.3.)	-	-	-	-	-
Ineffective drainage (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including Outwork)	-	-	-	-	-
TOTALS	-	-	-	-	-

PART VIII OF THE ACT

Outwork

Nature of Work	No. of Outworkers	No. of cases in default in sending lists to the Council	No. of prosecutions for failure to supply lists	Notices served	Prosecutions	No. of instances for work in unwholesome premises
Carding etc. of Buttons etc.	1	-	-	-	-	-
TOTALS	1	-	-	-	-	-

H. ELLIS SMITH

Medical Officer of Health

